



# REQUEST FOR EMT COURSE Scheduling

## STATE FIRE TRAINING

PO Box 944246 \* Sacramento, CA 94244-2460  
Phone (916) 445-8132 \* Facsimile (916) 445-8128  
(Internet) [www.fire.ca.gov](http://www.fire.ca.gov)

**REQUEST MUST BE RECEIVED SIX WEEKS PRIOR TO BEGINNING DATE OF CLASS**

TODAY'S DATE:		ADVERTISE IN CLASS SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE of COURSE: <input type="checkbox"/> BASIC (LIST TOTAL INSTRUCTION HOURS) _____ HR		<input type="checkbox"/> RECERT _____ HR <input type="checkbox"/> RECERT via C.E. _____ HR	
TESTING REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		(EMT-I Basic: 127 Hours of Instruction + skills & certifying exams) (EMT-I Recert: 24 Hours of Instruction + skills and certifying exams – if required)	
BEGINNING CLASS DATE:		ENDING CLASS DATE:	FIRST WRITTEN TEST DATE:
CLASS LOCATION (City):		TRAINING FACILITY:	
SPONSORING AGENCY NAME:		AGENCY CONTACT FULL NAME:	
<b>ASSISTANT INSTRUCTORS (COMPLETE REVERSE SIDE)</b>		AGENCY CONTACT PHONE NUMBER:	
PRIMARY INSTRUCTOR/CE COORD – A SHIFT:		PRIMARY INSTRUCTOR/CE COORD – B SHIFT:	
PRIMARY INSTRUCTOR/CE COORD – C SHIFT:		DELIVERED ON SHIFT SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SYNCHRONIZE CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, must enclose letter signed by Fire Chief)		TOTAL NUMBER OF STUDENTS:	PER SHIFT:

SHIPPING INFORMATION:	BILLING INFORMATION:
SHIP TO:	BILL TO:
ATTN:	ATTN:
STREET ADDRESS: (NO PO BOX)	STREET ADDRESS:
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE:

				▷ FOR OFFICE USE ONLY ◁				
Registration/Manuals	QTY ITEMS	UNIT PRICE	TOTAL PRICE	CODES (INDEX 5921)	QTY SHIPPED	QTY RETURNED	QTY BILLED	FINAL AMOUNT
Total number of students								
EMT-BASIC (Reg) <input type="checkbox"/>	#	\$25.00	\$	59210-142500-22	#	#	#	\$
EMT-RECERT (Reg) <input type="checkbox"/>		\$20.00						
EMT Student Supplement <input type="checkbox"/>	#	\$20.00	\$	59210-141200-__	#	#	#	\$
Skills Proficiency Exams only <input type="checkbox"/>		\$15.00						
County materials shipped to		Tax rate %	\$	SALES TAX				\$
HANDLING CHARGE		\$ 5.00	\$ 5.00	59210-141200-03				\$
TOTAL AMOUNT DUE		\$		Final Amount Due		\$		

DATE SHIPPED:		SHIP VIA: <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> PICK-UP	
BOX	WEIGHT	BOX	WEIGHT
1		3	
TOTAL EXAM SENT:		REVISION DATE:	
EXAM SERIAL #:			
CLASS CODE:		PRIM INSTRUCTOR CODE:	
DATE RECV'D SM:		INVOICE #	
DATE RECV'D REG:		MRT #	
		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

**ASSISTANT INSTRUCTORS/SKILLS EVALUATORS for this class. If additional space is needed, copy this form.**

Assistants or Skills Evaluators who are not registered, must meet or exceed the same criteria as a SFT Registered EMT Instructor - **With the exception of not having an EMT Orientation Class.**

***ASSISTANT INSTRUCTORS***

<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.

***SKILLS PROFICIENCY EVALUATORS***

<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.
<b>Name:</b>	
Currently a SFT Registered EMT -I Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No - attach copies of qualifications, SFT does not maintain these files.

***REQUESTS WILL BE RETURNED IF THE FOLLOWING INFORMATION IS NOT INCLUDED WITH THIS FORM:***

- ☐ **If this form is not filled out completely, it will be returned for completion.**
- ☐ **A copy of your letter to the local EMS agency notifying them of your training class must accompany this request for course scheduling. *Exception: Recert via CE's is exempt.***
- ☐ **If you are NOT using SFT Registered EMT-I instructors for assistant instructors or skills evaluators, then attach copies of their qualifications. *Requirements are listed in the SFT Policy and Procedures Manual.***
- ☐ **If you want SYNCHRONIZED certification, enclose a signed letter from the Chief of the Fire Department.**

## **INSTRUCTIONS:**

- All Requests must be received 6 weeks prior to begin date of class. Late classes may be denied.
- Complete form except shaded areas. (All boxes must be completed).
- Shipping and Billing address is required. If billing address is the same as shipping, you may write "Same".
- List number of students and multiply total number of students by \$25.00 or \$20.00 to get total price. (Example: 20 students x \$25.00 = \$500.00)
- When ordering Materials, always check appropriate box for Student Supplement or Skills Proficiency Exams. Material fees are \$20.00 and \$15.00, which include shipping charges.
- All classes will be assessed a \$5.00 handling charge.
- Write County name and tax rate (%) of where materials will be shipped.
- Requester must calculate all math.

## **RETURNING CLASS**

- Return all class materials via UPS to:  
**CDF/STATE FIRE TRAINING  
1131 'S' STREET  
SACRAMENTO, CA 95814**
- Return scantrons for all students even if class is non-testing, class roster, pink cards, exams, instructor checklist and student supplements if applicable.
- Copy of invoice must be attached.

## **PAYMENT**

- Do not send payment before you receive invoice.
- Send check and copy of invoice to:  
**CDF/ACCOUNTING  
ATTN: CASHIER  
PO BOX 944246  
SACRAMENTO, CA 94244-2460**

## **MRT PROCESS – (CDF ENTITY ONLY)**

- Requester must complete MRT as follows:
  - ⇒ Assign Document number
  - ⇒ Unit's Calstar coding and (C) for Charge
  - ⇒ OSFM Calstar coding is: {FY-5921-337.01-59210-\$ } and (A) for Abatement
  - ⇒ Use object code 337.01 ONLY for the total amount of the MRT
  - ⇒ Do not pay sales tax for student manuals on MRT only
  - ⇒ Do not send MRT copies to CDF/Accounting Headquarters
  - ⇒ The MRT must be signed, dated and approved by an authorized individual
  - ⇒ Send original MRT with course request form to CDF/State Fire Training

## **INFORMATION**

Course Approval	-	Jeanette Merriweather-	(916) 445-8132
Shipped/Cancelled Classes	-	Caroline Fudge	- (916) 445-8158
Payment/Invoice/MRT	-	Sandy Margullis	- (916) 324-0233